

# Referral Form for Carers Wellbeing Service

Name:	DOB:	Age
Full address:		
		Post code:
Contact number:	Gender:	
Email:		
Other languages/communication needs:		
GP Name: Address:		
Contact Number:		
Who is the person/ people that you care for? Civil partner or spouse, Boyfriend or girlfriend, Parent, Child, Friend, Neighbour etc. Please specify		
Approximately how many hours care do you provide per week?		
Describe your caring responsibilities in your own words:		
Who should we contact in case of emergency? Name: Relationship to you: Contact number:		
Name (please print)	Signature	Date

# Information for Monitoring Purposes

Strictly Private and Confidential

Monitoring is a vital part of our future funding. The information that you provide is confidential and is used anonymously for the Birmingham Mind Carer Wellbeing Service monitoring outcomes only. Personal details will be not be divulged to any 3<sup>rd</sup> party. **Thank-you**

<b>Gender (please state)</b>	Male	Female	Transgender
	Non Binary	Gender Fluid	Other

**How would you describe your ethnic origin?** Please tick the relevant box

African		Asian or Asian British - Bangladeshi	
Asian or Asian British - Indian		Asian or Asian British - Pakistani	
Asian or Asian British - Other		Black or Black British - African	
Black or Black British - Caribbean		Black or Black British - Other	
Chinese		Eastern European	
Mixed - White and Asian		Mixed - White and Black African	
Mixed - White and Black Caribbean		White - British	
White - Irish		White - Other	
Other – please specify			

**Nationality:**

**How would you describe your religion or belief?**

Christian	Jewish	Buddhist	Muslim	Sikh	Hindu	Other Religion or Belief	No Religion	Rather Not Say
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**Your marital status:**

Single	Married	Separated	Divorced	Widowed	Civil Partnership
Same Sex Marriage		Living with Partner		Prefer not to say	

**How would you describe your sexuality?**

Heterosexual	Gay	Lesbian	Transsexual	Bi Sexual	Prefer Not to Say
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**Your employment status:**

Carer	Full time work	Part time work	Self employed	In education	Volunteer
Not in training, education or employment					

**Refugee status:**

	Yes	No	Unknown
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**What form of transport do you regularly use?**

Car	Train	On Foot	Taxis	Bike	Bus
Other (please state)					

**Do you smoke**

	YES	NO
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**What are your main language(s):**

**Do you consider yourself to be disabled?**

**If yes please specify** e.g. Learning Disabilities, Mental Health, Physical Disability, Sensory Impairment



## Consent to Share: Please Read the Statements Before Signing

### By signing this consent to share form you understand and agree to:

1. Receiving further communications (e.g. promotional emails) YES or NO
2. Receiving communication via (please tick all that apply)
  - a. Email
  - b. Mail
  - c. Telephone
  - d. Text
  - e. None
3. Information held by Birmingham Mind about me, for example my support file can be made available internally and to external agencies for audit purposes. (Information used for external audits is subject to confidentiality protocols between Birmingham Mind and the relevant agency.)
4. Information can be placed on Birmingham Mind's computerised database, subject to the Data Protection Act.
5. I understand that it may be necessary to share information elsewhere without my consent;
  - a. If my own or other people's health and safety is at risk.
  - b. If there is a child protection or vulnerable adult issue.
6. To enable Birmingham Mind to provide appropriate support to you it will be necessary to contact and share information with other agencies. I agree to Birmingham Mind sharing appropriate information with the following agencies:
  - a.
  - b.
  - c.

**SIGNED BY THE SERVICE USER:**

**DATE:**

**SIGNED BY BIRMINGHAM MIND STAFF:**

**DATE:**

Please send completed forms to

[michelleboyce@birminghammind.org](mailto:michelleboyce@birminghammind.org) and

[help@birminghammind.org](mailto:help@birminghammind.org)

If you have any questions please call our Helpline on 0121 262 3555 or Michelle directly on 07734 959 974